MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568146 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2	1						52						
3	1				2		53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13	1		1		2		63						
14	1						64						
15	1		1	1			65						
16	1		1				66						
17	1		1				67						
18							68						
19		3		3			69						
20		3		3			70						
21		3		3			71						
22		3		3			72						
23		3		3			73						
24		3		3			74						
25		3		3			75						
26		3		3			76						
27		3		3			77						
28		3		3			78						
29		3		3			79						
30		3		3			80						
31		3		3			81						
32		3		3			82						
33		3		3			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS		58 62					TOTAL CLAIMS						

PTO-1360 (REV. 11/04)